	2 7 1955	THE DIVISION OF HE			1	836
	- 1 1000	STANDARD CERTIF	FICATE OF DEA	Stat	te File No	
BIRTH NO		REG. DIST. NO/28_	PRIMARY REG. DIST.	NO. 5462	nistrar's No5	35
L PLACE OF DEAT	TH		2. USUAL RESID	ENCE (Where deceased	lived. If institution:	residence l
a. COUNTY Greet	•••		a. STATE	_ b. CC	DUNTY TYRUUC	adiois
<u>Greer</u>	<u> </u>			sour1	Greene	
b. CITY (If outside corp	porate limits, write R	URAL and give c. LENGTH OF STAY (in this place	VII OB		d. Is Residence with a city or incorpor	in limits of rated town?
TÖWN Rural	2nd Fran	nklin (TOWN Sprir	ngfield	Yes CK N	٠. 🖸
d. FULL NAME OF (II	f not in hospital or in	netitution, give street address or location)	STREET	(If rural, give location)	. 03	96
HOSPITAL OR II	. 葉. #65-7	Mi.North Spgfd.	ADDRESS 26	528 N. Howa	ard -	171
3. NAME OF	a. (First)	b. (Middle)	c. (Last)	4. DATE	(Month) (Day)	(Year
DECEASED				OF -		1955
_	LGA	<u>M.</u>	GOODNIGHT	DEATH J		
	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	last birthday		if under a Hours 1
Female / Wh	hite	Married	30 Dec. 189	59		J
10a. USUAL OCCUPATION	N (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (c.	ty and State or Foreign C	Country) 12. CITI	ZEN OF W
done during most of working	g life, even if retired)	DUSTRY	Missour	i.	USA	
Housewife		In Home		14. NAME OF HUSBA		•
13a., FATHER'S NAME			•			
J.C.Mulling		Alice Arms		Roy Goodni		
I5. WAS DECEASED EVER (Yes. no. or unknown) (II s			17. INFORMANT	S SIGNATURE OR	NAME .	ADDRES
NO NO	yes, give war or dates NO	491-03-3346	George God	dnight Ka	meas City	. Mo
18. CAUSE OF DEATH		MEDICAL	CERTIFICATION		I INTER	VÁL BETW T AND DE
Enter only one cause per	I. DISEASE OR CO	ONDITION ING TO DEATH*(a) Crus)	ned Chest			tan
line for (a), (b), and (c)	DIRECTLI LEAD	ING IO DENTH (8)OI-USI	Ted Arres			
		—			_	ī.
	ANTECEDENT CA		ture Rt. Arm	n & Lt. Leg	Ins	tan
*This does not mean the mode of dying, such			ture Rt. Art	n & Lt. Leg	Ins	tan
*This does not mean the mode of dying, such as heart failure, asthenia,			ture Rt. Arr	n & Lt. Leg		tan'
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis-		AUSES Fracts, if any, giving DUE TO (b) use (a) stating use last. DUE TO (c)	ture Rt. Arr			tan
*This does not mean the mode of dying, such as heart failure, asthenia,	Morbid conditions rise to the above a the underlying car	s, if any, giving DUE TO (b) ause (a) stating use last.	ture Rt. Am			tan
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"This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the dis- case, injury, or complica- tion which caused death.	Morbid conditions rise to the above at the underlying care. 11. OTHER SIGNII Conditions contributed to the dizeas.	s, if any, giving DUE TO (b) ause (a) stating use last. DUE TO (c) FICANT CONDITIONS buting to the death but not use or condition causing death.	ture Rt. Ar			tan
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

supervision..

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.